2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # P25700

1. Entity Name
INDIANA DESK COMPANY INC

Principal Place of Business	Mailing Address
P.O. BOX 270 1224 MILL STREET JASPER, IN 47546	P.O. BOX 270 1224 MILL STREET JASPER, IN 47546

DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
35-0408870

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONER, KIRBY
7853 GUNN HWY 16 E
TAMPA, FL 33626

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SLAYTON, RICHARD
STREET ADDRESS	1915 W 5TH AVE
CITY-ST-ZIP	JASPER, IN
TITLE	V
NAME	ACKERMAN, BRET A
STREET ADDRESS	3152 BITTERSWEET DR
CITY-ST-ZIP	JASPER, IN 47546
TITLE	T
NAME	VERKAMP, GILBERT
STREET ADDRESS	1133 W. 14TH STREET
CITY-ST-ZIP	JASPER, IN
TITLE	D
NAME	CHAPPELL, JOHN
STREET ADDRESS	296 W 36TH STREET
CITY-ST-ZIP	JASPER, IN
TITLE	D
NAME	SCHNEIDER, PHILLIP
STREET ADDRESS	704 APPLEWOOD ROAD
CITY-ST-ZIP	HUNTINGBURG, IN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80023-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bret A. Ackerman CFO 2/22/08 812-482-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #